

North West Cycle Coaching

2016 SUMMER COACHING SESSIONS

Tuesday evenings 6-8pm, 3rd May to 30th August 2016

Participant Information

Full Name: _____ Gender (circle): M F

Date of Birth: ___ / ___ / _____ Age on 1st Jan 2016: _____

Address: _____

_____ Postcode: _____

Home Telephone: _____ Mobile: _____

Email: _____

Club*: _____

British Cycling Membership Number*: _____

Medical Information

Do you have a disability? (circle) yes no

[If yes, please provide details]

Please make a note below of any medical conditions you feel we need to know about. If you have any concerns about you/ your child participating in any form of physical activity then please consult your GP.

Emergency Contact Details

Name: _____

Relationship to participant: _____

Contact telephone number: _____

Please ensure you can be contacted on this number during the session.

Email: _____

Parental Consent

I, being the parent/guardian of _____ have read the information contained in this notice and hereby consent to my child taking part in the coaching sessions as advertised and understand that my son/daughter participates in coaching sessions under instruction by British Cycling qualified coaches entirely at his/her own risk. I have considered the nature of such sessions and have discussed them with my son/daughter. I am satisfied that my son/daughter is sufficiently responsible and competent to assume full and entire responsibility for his/her own safety under the supervision of the session coaches. I am also aware that NWCC and/or RVJ may take photographs during the coaching sessions and give permission for them to be used for various publicity purposes.

Signed (parent/guardian): _____ Date: _____

* If numbers wishing to participate exceed the allowable limits, then preference will be given to first claim members of Ribble Valley Juniors, BYCA, Bolton Hot Wheels, Cycle Sport Pendle, Red Rose Olympic and Salt Ayre Cog Set. Preference will also be given to those who hold a current British Cycling Membership.